

PRIVATE TUITION.

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PRIVATE TUITION AND INSTITUTIONS.

General Lying-in Hospital, M. H. Bradbury, E. Chadwick; *London Hospital*, R. Cohen, A. R. Harris; *Hackney Union Infirmary*, A. M. Harding; *Nottingham Workhouse Infirmary*, E. Jackson; *Poplar Workhouse*, A. C. Middleton.

SCOTLAND.

Dundee Maternity Hospital.—J. R. George, J. Hunter, I. J. McBean, I. G. H. Steele.

Edinburgh Royal Maternity Hospital.—Y. M. F. Mansfield, J. F. Ross.

Glasgow Maternity Hospital.—J. Callander, K. M. Hewetson, K. Hillhouse, E. S. Mungle, C. E. Viner.

IRELAND.

Curragh Camp Military Families Hospital.—E. M. Filby.

Dublin, Coombe Hospital.—A. Armstrong.

Dublin, National Maternity Hospital.—K. Collins, F. X. Healy.

Dublin, Rotunda Hospital.—H. M. Craggs, E. A. Hamilton, H. Hargrave, E. K. Smyth.

INDIA.

Bombay, Bai Motlibai.—M. Renton.

Madras Government Maternity Hospital.—I. E. Miller.

MORTALITY DURING THE FIRST MONTH OF LIFE.

At a joint Session of the Sections of Obstetrics and Gynæcology, of Pædiatrics, and of Hygiene and Preventive Medicine, during the recent International Congress of Medicine, reported in the *British Medical Journal*, Dr. H. K. Chalmers of Glasgow, in presenting the first report, said that the factor which dominated the mortality curve for the whole of the first year was the number of deaths in the first month. At this period death might be due to an inborn physiological inability to live rather than to acquired diseases affecting previously healthy infants. Many could be described literally as children born to die. One of the important questions to be answered was whether this was due to conditions under which the mother lived or to disease of which she might be the subject. He suggested "immaturity" as the best term to cover all the conditions of post-natal fatality not due to acquired diseases.

Dr. Henry Koplik of New York said that infant mortality in the first four weeks of life was so intimately connected with prenatal influences that this month of extra-uterine existence might be considered as closely allied in many of its aspects to the history of the fetus *in utero* just before birth. There were many conditions of both the father and mother which resulted in the production of an infant unfitted to resist the physical influences of post-natal existence. Present methods of preservation of the life of the newborn did not reach this set of cases. Perhaps this was fortunate as certain mothers suffering from organic disease, syphilis, tuberculosis, heart disease, diabetes, and nutritional disorders, brought into the world infants who were either premature or unfitted to live. The effect of some weaknesses of the mother could be understood, but the influences of the father in causing weaknesses of the newborn were often not clear.

Advances made in the care of the parturient woman had reduced the dangers of infection of the newborn considerably, but malformation and constitutional disease would still remain as prevalent as they had been for many decades past. The morbidity among the newborn was of great interest. First it was noticeable that among breast-fed infants the mortality was not as high as among the bottle-fed. Hence, though morbidity might be as common, the resistance to the inroads of disease was much more successful among the breast-fed. Again, 28 per cent. of the deaths occurred in the first month of life. Of all these only 7 per cent. were in breast-fed children. Moreover, in the height of summer the deaths of bottle-fed infants outnumbered the breast-fed by 41 per cent. This proved distinctly that the dangers which threatened the artificially fed infant—poverty, heat, ignorance, crowding, unskilful feeding, and decomposed food—did not apply to breast-fed infants in the same degree as to the bottle-fed. Social position was another important element in infant mortality, but it affected the breast-fed infants very little. The number of children in each family among the very poor also influenced the death-rate. The question of legitimacy and illegitimacy was a potent factor not only as to morbidity but also as to mortality.

The measures which would go a long way towards the prevention of prematurity would be those which furthered the strength as well as the health of the mother. It could be proved that if the mother was given rest, good food, and quiet surroundings the product of pregnancy would benefit. There was a movement in America to give more and more attention to the antenatal aspect of infant mortality by the establishment of retreats for pregnant women. Good food, good surroundings, and teaching as to the duties of motherhood to those who were to see their first-born, would do much to reduce the mortality. He believed that artificial feeding at the hands of a well-taught mother or nurse was preferable to a wet-nurse from a social standpoint.

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